COLUMBUS CENTER			
825 WESTERN AVENUE			
COLUMBUS 53925 Phone: (920) 623-2520	1	Ownershi p:	Corporati on
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	99	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	99	Average Daily Census:	84
Number of Residents on 12/31/00:	89	o v	

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31/	/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	48. 3 40. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 5	More Than 4 Years	11. 2
Day Services	No	Mental'Illness (Org./Psy)	21. 3	65 - 74	11. 2		
Respite Care	Yes	Mental Illness (Other)	3. 4	75 - 84	37. 1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	41.6	**************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1. 1	95 & 0ver	5. 6	Full-Time Equivale	nt
Congregate Meals	No	Cancer	1. 1			Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	6. 7		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	21. 3	65 & 0ver	95. 5	[
Transportation	No	Cerebrovascul ar	11. 2			RNs	10. 0
Referral Service	No	Di abetes	2. 2	Sex	%	LPNs	6. 6
Other Services	Yes	Respi ratory	6. 7			Nursing Assistants	
Provide Day Programming for	İ	Other Medical Conditions	24. 7	Male	32.6	Aides & Orderlies	34. 5
Mentally Ill	No			Female	67. 4		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other Pri vat		rivate	ivate Pay			d Care		Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	_]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	4. 0	\$111.36	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 2%
Skilled Care	14	100.0	\$266.09	48	96.0	\$95. 32	0	0. 0	\$0.00	25	100.0	\$145.33	0	0. 0	\$0.00	87	97. 8%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	14	100.0		50	100. 0		0	0.0		25	100.0		0	0.0		89	100.0%

County: Columbia COLUMBUS CENTER ********

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	$of\ Residents'$	Condi ti c	ons, Services,	and Activities as of	12/31/00
beachs builting kepoliting relifou				<u>%</u>	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	3. 1	Daily Living (ADL)	Independent	One O	r Two Staff	Dependenť	Resi dents
Private Home/With Home Health	0. 5	Bathi ng	0.0		43. 8	56. 2	89
Other Nursing Homes	4. 1	Dressi ng	11. 2		31. 5	57. 3	89
Acute Care Hospitals	89. 8	Transferri ng	15. 7		68 . 5	15. 7	89
Psych. HospMR/DD Facilities	1.0	Toilet Use	15. 7		41.6	42. 7	89 89
Rehabilitation Hospitals	0. 0	Eating	62. 9		25. 8	11. 2	89
Other Locations	1.5	*********	******	******	********	*******	******
Total Number of Admissions	196	Conti nence		%	Special Treat		%
Percent Discharges To:		Indwelling Or Externa		12. 4		Respiratory Care	11. 2
Private Home/No Home Health	19. 7	Occ/Freq. Incontinent		56 . 2	Recei vi ng	Tracheostomy Care	2. 2
Private Home/With Home Health	3. 7	Occ/Freq. Incontinent	of Bowel	68 . 5	Recei vi ng		2. 2
Other Nursing Homes	8. 0	_				Ostomy Care	1. 1
Acute Care Hospitals	37. 8	Mobility			Recei vi ng	Гube Feedi ng	4. 5
Psych. HospMR/DD Facilities	1. 1	Physically Restrained	ì	2. 2	Recei vi ng 1	Mechanicallÿ Altered D	iets 33.7
Reĥabilitation Hospitals	0.0						
Other Locations	4. 3	Skin Care				nt Characteristics	
Deaths	25. 5	With Pressure Sores		4. 5		ce Directives	100. 0
Total Number of Discharges		With Rashes		1. 1	Medi cati ons		
(Including Deaths)	188			ale ale ale ale ale ale ale ale ale	Receiving l	Psychoactive Drugs	61. 8

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	is Proprietary		50- 99		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84. 8	83. 7	1. 01	86. 6	0. 98	87. 0	0. 98	84. 5	1.00
Current Residents from In-County	73. 0	75. 1	0. 97	69. 4	1.05	69. 3	1. 05	77. 5	0. 94
Admissions from In-County, Still Residing	14. 3	18. 7	0. 76	19. 5	0. 73	22. 3	0. 64	21. 5	0. 66
Admissions/Average Daily Census	233. 3	152. 8	1. 53	130. 0	1.80	104. 1	2. 24	124. 3	1.88
Discharges/Average Daily Census	223. 8	154. 5	1. 45	129. 6	1. 73	105. 4	2. 12	126. 1	1. 78
Discharges To Private Residence/Average Daily Census	52. 4	59 . 1	0.89	47. 7	1. 10	37. 2	1.41	49. 9	1.05
Residents Receiving Skilled Care	100	90. 6	1. 10	89. 9	1. 11	87. 6	1. 14	83. 3	1. 20
Residents Aged 65 and Older	95. 5	95. 0	1.00	95. 4	1.00	93. 4	1. 02	87. 7	1.09
Title 19 (Medicaid) Funded Residents	56. 2	65 . 4	0. 86	68. 7	0.82	70. 7	0. 79	69. 0	0.81
Private Pay Funded Residents	28. 1	23. 2	1. 21	22. 6	1. 24	22. 1	1. 27	22. 6	1. 24
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	24. 7	31.4	0. 79	35. 9	0. 69	37. 4	0. 66	33. 3	0. 74
General Medical Service Residents	24. 7	23. 2	1. 07	20. 1	1. 23	21. 1	1. 17	18. 4	1. 34
Impaired ADL (Mean)	58. 2	48. 9	1. 19	47. 7	1. 22	47. 0	1. 24	49. 4	1. 18
Psychological Problems	61. 8	44. 1	1.40	49. 3	1. 25	49. 6	1. 25	50. 1	1. 23
Nursing Care Required (Mean)	7. 6	6. 5	1. 16	6. 6	1. 15	7. 0	1.08	7. 2	1.06